



Long Branch Area YMCA  
 1304 S. Missouri  
 Macon, MO 63552  
 (660) 385-1818

# Membership Application

Shaded area for office use only.

Member #1 Last Name	First	Middle	Birthdate	Male	Female	Membership# -01
Mailing Address			Email Address		Membership Type Y A F	
City		State	Zip Code	Social Security Number		
Employer/School			Work Phone	Home Phone	Expiration Date	

## A family member must be claimed as a dependent on your tax return.

Member #2 (Last, First, Middle) spouse if applicable	Preferred Name	Male	Female	Membership # -02		
Employer/School	Work Phone	Birthdate	Social Security Number			
Child's Last Name	First Name	Middle Name	Birthdate	Male	Female	-03
				Male	Female	-04
				Male	Female	-05
Emergency Contact	Relationship	Emergency Phone Number: Day # Evening #				

**Liability Waiver:** I understand that the Long Branch Area YMCA (YMCA) assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the Long Branch Area YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

**Property Loss:** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

**Photography Permission:** I give my permission for the YMCA to use, without limitations or obligations, photographs, film footage, or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs.

**Insurance:** I understand it is my responsibility to provide for my own (and other members of my family, if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

**Medical Release:** I authorize the YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR or other treatment by a qualified staff member.

**Medical Clearance:** If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver which may be obtained from the YMCA office. 1. Has a doctor ever informed you that you have high blood pressure? 2. Have you ever had a heart attack, heart surgery or any type of heart problem? 3. Do you have any serious orthopedic problems? 4. Are you pregnant? 5. Is there any reason why you believe you should not be engaged in exercise?

**Acceptance:** This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portion of this waiver is held to be invalid, I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

\_\_\_\_\_  
 Signature of Member #1  
 Signature of Parent/Guardian if member is age 17 or younger.

\_\_\_\_\_  
 Signature of Member #2

\_\_\_\_\_  
 Date

Membership Payment:		<b>FOR OFFICE USE ONLY</b>	
Join Fee	\$ _____	Bank Draft begins:	_____
Monthly/Annual	\$ _____	Financial Assistance:	Y N
Total Paid	\$ _____	Corporate Member:	Y N
Cash/Check #	_____	Employer:	_____
Application received by: _____ (staff initials)			
Date: _____			
Cards issued on _____ (date) _____ (initials)			